

APPENDIX B

BUDGET/PROGRAM MODIFICATION

Instructions

Fill this form out completely, showing the currently approved budgeted amounts for each Budget Category Line Item; the dollar amount being added to or deducted from each category; and the new totals. If there is no change in a particular category show a "0". Please explain the reason(s) for the budget modification.

If a design or scope of project modification, or if program evaluation component modifications are being requested, please provide an explanation of the requested modification and the justification for the request.

This form shall be signed by the person preparing the modification request, the Project Financial Officer, and the Project Manager. The form must be submitted in quadruplicate to the BOC.

NOTE: This form is only required when substantial changes are requested by the project. Substantial changes may include: those affecting the design or scope of the project; compliance with the agreed-upon program evaluation component; and other significant changes in the program components addressed in the Implementation Plan or the Contract. Minor changes, including budget line item changes, up to 10% may occur without prior authorization from the BOC.

State of California		Board of Corrections				
BUDGET/PROGRAM MODIFICATION		Corrections Planning and Program Division				
Form ROPP 04 (Revised 10/97) Repeat Offender Prevention Program (ROPP)						
A. County: _____		Contract Number: _____				
Grant Dates: From ____ / ____ / ____ To ____ / ____ / ____		Modification Number: _____				
B. Line Items	Current Allocation	Proposed Changes (+/-)				Revised Allocation
	<i>State Funds</i>	<i>State Funds</i>	<i>Hard Match</i>	<i>In Kind Match</i>	<i>Any Other Match</i>	
Salaries and Benefits						
Services and Supplies						
Professional Services						
CBO Contracts						
Administrative Overhead						
Fixed Assets						
Other						
Grand Total						
Justification for Budget Modification (attach additional pages if necessary)						

C. Design or Scope of Project Modifications and Justification (attach additional pages if necessary)

D. Program Evaluation Modification and Justification (attach additional pages if necessary)

Person Preparing Report

Signature

Name

Title

Address

Date

Telephone

Project Financial Officer

Signature

Name

Title

Date

Telephone

For Board of Corrections use only

Approved: _____ **Date:** _____

Board of Corrections Representative

Project Manager

Signature

Name

Title

Date

Telephone